PÀTENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												THAN
			(Column 1)		(Column 2)		1	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			126					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			15 minus 20= *					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			9 minus 3 = *					X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	TOTAL		OR	TOTAL	
	C	LAIMS AS A	MENDED		'		•	OTHER	THAN			
(Column 1) (Column 2) (Column 3)								SMALL	NTITY	OR	SMALL	NTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	. 180	Minus	** /	56	=24		X\$ 9=		OR	X\$18=	
AME	Independent	• //	Minus	***	4	= 1		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT/CLAIM							, [+140=		OR	+280=	·
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		-0011.1 CC			/DOI: 1 LE	
_		CLAIMS		HIGH	HEST		1		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	AA		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		<u> </u>	11	X42=		OR	X84=	•
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									011		
								+140= TOTAL		OR	+280=	-
	•									OR	TOTAL ADDIT. FEE	
	ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** -		=] [X\$ 9=		OR	X\$18=	
	Independent	*	Minus	DENIDEN.	T 01 4 11 4	-	↓ [X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.110			+280=	
	If the entry in colu	mn 1 is less than t	he entry in col	umn 2. writ	te "0" in ca	lumn 3.	į	+140= TOTAL		OR	TOTAL	
	If the "Highest Nu	mber Previously P	aid For IN TH	IS SPACE	is less tha	ın 20, enter "20).* _*	ADDIT. FEE		OR	ADDIT. FEE	
	***If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											



The

PATENT Customer No. 22,852 Attorney Docket No. 6809.0102

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)				
Adam W. CATES et al.) Group Art Unit: 3762				
Application No.: 10/079,056) Examiner: Scott M. GETZOW				
Filed: February 19, 2002)				
For: CHRONICALLY-IMPLANTED DEVICE FOR SENSING AND) Confirmation No.: 5121				

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

REPLY TO OFFICE ACTION

In reply to the Office Action mailed March 24, 2005, please amend the above-identified application as follows:

Amendments to the Claims begin on page 2 of this Reply.

Remarks/Arguments begin on page 27 of this Reply.